COMBINED DECLARATION AND POWER OF ATTORNEY - Attorney Docket: LeachCo-BNB,WSD

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYMMETRICALLY CONTOURED SUPPORT PILLOW

I hereby state that I have reviewed and understand the contents of the above identified specification,

I acknowledge the duty to disclose information which is material to the examination of this application

I hereby claim the benefit under Title 35, United States Code, Section 120, of any United States

[] was filed on _____ as
Application Serial No. _____
and was amended on _____
(if applicable)

including the claims, as amended by any amendment referred to above.

the validity of the application or any patent issuing thereon.

Full Name of Sole or First Inventor Inventor's Signature

in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37 Code of Federal Regulations, Section 1.56(a), which occurred between the filing date of the prior application and the national or PCT filing date of this application:
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:
William S. Dorman, Registration No. 17,970
Address all correspondence to William S. Dorman, 654 Beacon Building, 406 South Boulder, Tulsa, Oklahoma 74103, and direct all telephone calls to William S. Dorman at telephone no. (918) 582-2209 ext. 210.
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the

knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize

Citizenship: U.S.A.

august 1, 2003

Ada, OK 74820 Business Address: Same as Above

Jamie S. Leach

Residence address: 130 East 10th Street P. O. Box 717

the specification of which (check one) [X] is attached hereto.